
Dr. Azim Kasmani, MD, MSc, FRCPC
Medical Officer of Health and Commissioner
Niagara Region Public Health & Emergency Services
P.O. Box 1052, Station Main
Thorold ON L2V 0A2

As the property owner/occupant of:

Street address: _____ City/Town: _____ Postal code: _____

in the region of Niagara, Ontario, I/we authorize access to the municipally owned catch basin located on this property by the licensed pest control operator contracted by the Niagara Region Public Health, for the treatment of mosquitoes that are potential carriers of West Nile Virus.

The catch basin is located at: _____

It is my/our understanding that Integrated Pest Management strategies are being implemented to control the risk of illness caused by the West Nile Virus and that a larviciding program is a necessary response to reduce the burden of illness within the region of Niagara.

In consideration for having my/our municipally owned catch basin treated, I/we also release The Regional Municipality of Niagara and its employees and agents (collectively, "Public Health") from all liability in respect of losses, costs, damages, or injuries (including death)(collectively, "claims") from the access granted herein, except claims resulting from the negligence of Public Health.

Please note, only municipally-owned catch basins will be treated. There must be clear and safe access to the catch basin.

If applicable, please indicate:

Catch basin is under locked access *(Please phone prior)*

Dog in yard *(Please phone prior)*

There is more than 1 catch basin on the property

Number of catch basins: _____

Name of property owner: _____

Phone number: _____

Work number: _____

Cell number: _____

Signature of property owner: _____

Date: _____